

**AFFIDAVIT**

THE STATE OF TEXAS   §  
                                      §  
COUNTY OF BEE       §

BEFORE ME, the undersigned authority, personally appeared E. Metz, known to me to be a credible person over the age of 18 years, who, being duly sworn by me, did depose and say the following is true and correct.

“My name is E. Metz. I am of sound mind, capable of making this affidavit, and I am authorized to make this affidavit in the capacity herein stated. I am personally acquainted with the facts herein stated.


“I am employed as the Inmate Records Supervisor for the Texas Department of Criminal Justice (“TDCJ”), located in Beeville, Texas, and do hereby certify that I am the custodian of records maintained in the regular course of business of the TDCJ.

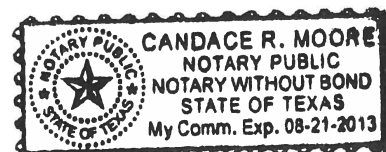
“I have reviewed the request for records you have requested; and hereby certify that the attached copies of documents are true and correct copies of the original records now on file in my custody. I further certify that the records attached hereto are maintained in the usual and regular course of business at the TDCJ. The entries made and/or documents created were created at or about the time of the occurrence, or reasonable soon thereafter, by and employee or representative of TDCJ with knowledge of the act, event, condition, opinion, or diagnosis reflected in the records, and that such records are maintained on each and every offender confined here.

“Attached are copies of the records of offender Davis, Teddy #807688 and offender Goodman, Robbie #758386 described as complete disciplinary files, which were requested.”

  
\_\_\_\_\_  
E. Metz, Affiant

SWORN TO AND SUBSCRIBED BEFORE ME on 10/9/12, by the said E. Metz, to certify which, witness my hand and seal of office

  
\_\_\_\_\_  
Notary Public in and for the State of Texas



Goodman-398

UNIT: ML HSNB: 19W 015 JOB: BAKER 3RD  
 CLASS: 53 CUST: 62 PRIMARY LANGUAGE: ENGLISH MHR RESTRICTIONS: NONE  
 CODE: MI / AG OFF. DATE: 06/26/10 01:45 PM LOCATION: ML MISCELLANEOUS  
 TYPE: ID

## OFFENSE DESCRIPTION

ON THE DATE AND TIME LISTED ABOVE, AND AT 19W-15 CELL, OFFENDER: GOODMAN, ROBBIE DOW SR, TDCJ-ID NO. 00758386, DID POSSESS CONTRABAND, NAMELY, ANTENNA, WHICH IS AN ITEM THAT IS NOT ALLOWED OR ASSIGNED TO AN OFFENDER, AND NOT BY OFFENDER FOR HIS USE FROM THE COMMISSARY.

JUN 29 2010

CHARGING OFFICER: CANTU, C. COIV

SHIFT/CARD: 1 B

## OFFENDER NOTIFICATION

TIME/DATE NOTIFIED: 6-29-10 0921 BY: (PRINT) Est Bonite IF APPLICABLE INTERPRETE  
 YOU WILL APPEAR BEFORE HEARING OFFICER 24 HOURS OR MORE AFTER RECEIPT OF THIS  
 NOTICE. YOU HAVE THE RIGHT TO SUBMIT A WRITTEN STATEMENT AND MAKE A VERBAL  
 STATEMENT. DO YOU WANT TO ATTEND THE HEARING? YES NO IF NO, HOW DO YOU  
 PLEAD? GUILTY NOT GUILTY

OFFENDER NOTIFICATION SIGNATURE: Robbie Dow DATE: 6-29-10  
 BY SIGNING BELOW, YOU GIVE UP YOUR RIGHT TO 24-HOUR NOTICE AND AUTHORIZE THE  
 HEARING OFFICER TO PROCEED WITH THE HEARING  
 OFFENDER WAIVER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## HEARING INFORMATION

HEARING DATE: 7-2-10 TIME: 19:38 INTERPRETER SIGNATURE: \_\_\_\_\_  
 EXPLAIN BELOW IF HEARING WAS NOT HELD WITHIN SEVEN DAYS, EXCLUDING WEEKENDS  
 AND HOLIDAYS, FROM THE OFFENSE DATE: \_\_\_\_\_

OFFENDER STATEMENT: I had the antenna up, but the Officer did not tell us to take them down.

## OFFENSE CODES

OFFENDER PLEA: NG NG. NONE) 14.0  
 FINDINGS: NG NG. DS)

## PUNISHMENT

LOSS OF PRIV(DAYS) \_\_\_\_\_ REPRIMAND Verbal  
 \*RECREATION(DAYS) \_\_\_\_\_ EXTRA DUTY(HOURS) \_\_\_\_\_  
 \*COMMISSARY(DAYS) \_\_\_\_\_ CONT. VISIT SUSP THRU \_\_\_\_\_  
 \*PROPERTY(DAYS) \_\_\_\_\_ CELL RESTR(DAYS) \_\_\_\_\_  
 \* \_\_\_\_\_ (DAYS) \_\_\_\_\_

OFFENDER SIGNATURE FOR RECEIPT OF FINAL REPORT.

HEARING OFFICER (PRINT)

WALLEN

(FORM I-47MI) CONTACT A STAFF MEMBER IF YOU DO NOT UNDERSTAND THIS FORM  
 (REV. 04-10) COMMUNIQUESE CON Goodman-399 PERSONAL SI NO ENTENDE ESTE FORM

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

Case No. \_\_\_\_\_

MHMR Rest? Y ☒ N ☐PHD Y ☒ N ☐Informal Resolution App? ☒Officer Y ☒ N ☐Supervisor Y ☒ N ☐

## OFFENSE REPORT

(1) TDCJ-No. 758386 (2) Offender Goodman, Robbie Dero (3) Unit ml(4) Housing Assign: 1910-015 (5) Job Assignment: 415 Baker 3rd(6) Offense Level, Code Title: Level 2 Code 1610 Possessionof Contraband.OFFENSE DESCRIPTION: On 06/26/10 at 1345 AM/PM and at 1910-15 cell

(7) Date (8) Time (9) Enter Specific Location

Offender Goodman, Robbie Dero TDCJ No. 758386

did possess contraband namely, antenna  
on wheel which is not allowed or assigned  
to an offender. And not by the offender  
for his use - from the commissary.

(10) Additional Information: On the date and time listed

above and at 19 Building 40-Dorm  
15 cell offender Robbie Goodman TDCJ#  
758386 had his antenna placed on the  
cell hanging from his cubical in  
an unauthorized fashion.

(Continue on additional sheet if necessary)

(11) Witnesses: None(12) Accusing Officer/Employee: Printed Name/Rank C. Corbin(13) Signature: [Signature] (14) Shift/Card 10 (15) Date 6-27-10 (16) Time 1400(17) Approving Supervisor's Printed Name: S. P. Jones (18) Date 6-27-10(19) Grading Official (Print) A. Gomez (20) Rank major (21) Date 6/28/10(22) Grade: (Circle One) IR ☐ UP ☒ MA ☐ (23) Justification to override Informal Resolution: \_\_\_\_\_



## PRELIMINARY INVESTIGATION REPORT

This report is to be completed on each Offense Report for review by the grading official. The purpose of this report is to obtain any other pertinent information about the incident prior to grading the Offense Report. The Preliminary investigation should not be completed by the charging officer or a person involved in the incident.

Offender: Goodman, Robbie TDCJ No. 758386

Date & Time Investigation started: 26 June 10/1429

1. ELEMENTS OF CHARGE. Does the offense description support the elements of each charge (the things that had to be done in order to commit an offense). If "No," have charging officer add needed information.

Offense Code 15: Yes ☒ No ☐  
Offense Code       : Yes ☐ No ☐

Offense Code       : Yes ☐ No ☐  
Offense Code       : Yes ☐ No ☐

2. ADDITIONAL INFORMATION. Has the charging officer included supporting information or evidence to supplement the standardized pleading such as items listed below? (Write "Yes," "No," or "NA" [not applicable] by each item).

- No a. listing other witnesses to the incident.  
No b. documentary evidence, e.g., photographs of contraband, etc.  
Yes c. additional information about the offense.

3. ACCUSED OFFENDER states that: (Print interpreter's name if applicable):

"I Had my Antenna up I was in the house listening to Radio"

4. ACCUSING OFFICER states that: O/F did possess Contraband

5. WITNESS STATEMENTS (List employee or offender; attach statements to report):

None

6. DOCUMENTATION. Documents reviewed (lay-ins, appointments, medical records, etc.)

☐ Lay-ins, ☐ Roster, ☐ Medical Records, ☐ Picture, ☐ Other (List & attach to report)

None

A. Ortiz  
Name of Investigating Officer (Print)

ST  
Rank

26 June 10/1431  
Date & Time Investigation Completed

7. INFORMAL RESOLUTION was not appropriate or not possible because:

no possession of Contraband will not be tolerated

3 Phypas  
Approving Supervisor's Printed Name

LT  
Rank

6-27-10  
Date

LPE8084 /ML71

DEPARTMENT OF CRIMINAL JUSTICE  
OFFENDER DISCIPLINARY SYSTEM  
OFFENDER CASE GRADING REPORT

2010-06-28  
09:57.53

TECHNO: 00758386 NAME: GOODMAN, ROBBIE DON SR GOOD TIME: 0011 10 1  
CLASS: S3 CUSTODY: G2 UNIT: ML OFFENDER TYPE: ID WORK TIME: 0006 07 2  
RESTRICTIONS:

\*\*\*\*\*  
REPORT REFLECTS OFFENDER AND CASE INFORMATION AS OF: 2010-06-28 09:57.53  
\*\*\*\*\*

NO CONVICTIONS ON FILE FOR LAST 180 DAYS

PENDING CASES FOR LAST 180 DAYS

OFF	CASE	CODE	DESCRIPTOR	LV	GRADE	NOTES
062610	20100306602	16.0	NC	2		COMPUTER RECOMMENDED GRADE: M

END OF PENDING CASES



Informal Resolution App?

Officer

Y

Supervisor

Y

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

## OFFENSE REPORT

Case No.

MHMR Rest?

Y

N

PHD

Y

N

(1) TDCJ-No. 758386

(2) Offender

Goodman Robbie

(3) Unit

McConnell

(4) Housing Assign:

8L486

(5) Job Assignment:

1/5 med squad

(6) Offense Level, Code Title:

Level 2 Code 16 Possession of Contraband

## OFFENSE DESCRIPTION:

On 10-31-08

at 0950

(7) Date

(8) Time

AM/PM, and at

Bldg recreation yard

(9) Enter Specific Location

Offender

Goodman Robbie

TDCJ No. 758386

did possess contraband, namely child pornography.

## (10) Additional Information:

On 10-31-08 at approx 0950 while inspecting offender property during lockdown observed that offender Goodman Robbie had in his personal property typed literature containing graphic detail of young children having sex. Offender claimed ownership of the typed literature and signed a confiscation slip for the contraband.

(Continue on additional sheet if necessary)

(11) Witnesses: na

(12) Accusing Officer/Employee: Printed Name/Rank

McGowan M.

(13) Signature:

[Signature]

(14) Shift/Card

1A

(15) Date 10-31-08

(16) Time 1000

(17) Approving Supervisor's Printed Name:

Capt. B. Brown

(18) Date

11-1-08

(19) Grading Official (Print)

Ambriz

(20) Rank

Maj

(21) Date

11-3-08

(22) Grade: (Circle One)

IR

UP

MI

MA

(23) Justification to override Informal Resolution:

**PRELIMINARY INVESTIGATION REPORT**

This report is to be completed on each Offense Report for review by the grading official. The purpose of this report is to obtain any other pertinent information about the incident prior to grading the Offense Report. The Preliminary investigation should not be completed by the charging officer or a person involved in the incident.

Offender: Goodman, Robbie TDCJ No. 758386  
 Date & Time Investigation started: 10-31-08 1228

1. **ELEMENTS OF CHARGE.** Does the offense description support the elements of each charge (the things that had to be done in order to commit an offense). If "No," have charging officer add needed information.

Offense Code 16.0: Yes [ ] No [ ]      Offense Code \_\_\_\_\_: Yes [ ] No [ ]  
 Offense Code \_\_\_\_\_: Yes [ ] No [ ]      Offense Code \_\_\_\_\_: Yes [ ] No [ ]

2. **ADDITIONAL INFORMATION.** Has the charging officer included supporting information or evidence to supplement the standardized pleading such as items listed below? (Write "Yes," "No," or "NA" [not applicable] by each item).

- no a. listing other witnesses to the incident,  
no b. documentary evidence, e.g., photographs of contraband, etc.  
yes c. additional information about the offense.

3. **ACCUSED OFFENDER** states that: (Print interpreter's name if applicable):

"It's mine"

4. **ACCUSING OFFICER** states that: \_\_\_\_\_

did posses contraband, namely child porn literature

5. **WITNESS STATEMENTS** (List employee or offender; attach statements to report): \_\_\_\_\_

none

6. **DOCUMENTATION.** Documents reviewed (lay-ins, appointments, medical records, etc.)

☐ Lay-ins, ☐ Roster, ☐ Medical Records, ☐ Picture, ☐ Other (List & attach to report)

none

I. Peralta  
 Name of Investigating Officer (Print)

Sgt.  
 Rank

10-31-08 1230  
 Date & Time Investigation Completed

7. **INFORMAL RESOLUTION** was not appropriate or not possible because:

This type of conduct will not be tolerated

B. Brown  
 Approving Supervisor's Printed Name

Agg.  
 Rank

11-1-08  
 Date



CSIDSP028/CDSP04  
LWY4787 /ML10

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
OFFENDER DISCIPLINARY SYSTEM  
OFFENDER CASE GRADING REPORT

2008-11-06  
07.09.4

IDCND: 00758386 NAME: GOODMAN,ROBBIE DOW SR  
CLASS: L2 DSP CUSTODY: 64 UNIT: ML OFFENDER TYPE: ID WORK TIME: 0011 00 1  
RESTRICTIONS: GOOD TIME: 0005 10 0

\*\*\*\*\*  
REPORT REFLECTS OFFENDER AND CASE INFORMATION AS OF: 2008-11-03 07.09.43  
\*\*\*\*\*

CONVICTIONS FOR LAST 180 DAYS

OFF	HEAR	CASE	CODE	DESCRIPTOR	LV	GRD	REP	SOL	CLAS	TIME	XII	CR	PR	CU
083008	090708	20090000822	27.0	UP										
073108	081008	20080329667	24.0			2	MI	G						015
			27.0	UP										015
051308	052208	20080247130	24.0			2	MI	G	X					
			45.0											005

END OF CONVICTIONS FOR LAST 180 DAYS

\*\*\*\*\*  
PENDING CASES FOR LAST 180 DAYS

OFF	CASE	CODE	DESCRIPTOR	LV	GRADE	NOTES
103108	20090061530	16.0	DC			
				2		COMPUTER RECOMMENDED GRADE: MA

END OF PENDING CASES

CSIDSP010

ML - ML 71

I.D.C. J.

## SERVICE INVESTIGATION WORK SHEET

2008/11

08:07

CASE#: 20090061530, ID# 60/58386, NAME: GOODMAN, ROBBIE DOW SR

3. THE ACCUSED REASONS AND/OR DEFENSES HAVE BEEN LOGICALLY AND SYSTEMATICALLY INVESTIGATED AS FOLLOWS:

A. REVIEWED CASE

B. INTERVIEWED ACCUSED

C. NAME OF INTERPRETER USED:

None

D. Does not need Bayan Clearance

CONCLUDE INVESTIGATION

CS-1 DB

4. ON \_\_\_\_\_, THE ACCUSED OFFENDER PRESENTED NON-FRIVOLOUS EVIDENCE, THE CHARGING OFFICER/STAFF WITNESS WAS PRESENTED WITH A SUMMARY OF THE ACCUSED STATEMENT, ADDITIONAL STATEMENT IS AS FOLLOWS:

N/A

5. LIST THE PORTIONS OF THE INVESTIGATION THAT APPEAR TO SUPPORT THE CHARGES MADE AGAINST THE ACCUSED:

Report

6. LIST THE PORTIONS OF THE INVESTIGATION THAT APPEAR TO SUPPORT THE ACCUSED REASONS, AND/OR DEFENSES:

None

COUNSEL SUBSTITUTE PRINTED NAME:

COUNSEL SUBSTITUTE SIGNATURE:

CS-10.11B

TITLE:

DATE:

REVISED 08/2005

Goodman-407

CSDSP040  
ML - ML71T.D.C.J.  
SERVICE INVESTIGATION WORK SHEET2008/11  
08:07

CASE#: 20090061530, TDCJ # 00758386, NAME: GOODMAN, ROBBIE DOW SR  
 CURRENT UNIT: ML, HOUSING: 8L23 48 B, CLASS: L2, CUSTODY: G4, TYPE:  
 OFFENSE DATE: 103108, TIME: 09:50 AM, LOCATION: ML 1BU 8 BUILDING  
 CHARGING OFFICER: MCGOVRAN, M SGT  
 OFFENSE CODES: A) 16, 0, B) , C) , D) ,  
 DESCRIPTORS: A) DC, B) , C) , D) ,  
 PLEA: A) , B) , C) , D) ,  
 CLERK RCVD: 110308, SERVICE DATE: 113008, SERVICE TIME: 11/02/08  
 CS ASSIGNED: Bryant, D. CS-1

COUNSEL SUBSTITUTE HAS BEEN APPOINTED BECAUSE:

- A. ACCUSED IN ANY FORM OF SEGREGATION 11/0  
 B. EA BELOW 5.0 IQ BELOW 73  
 C. LITERACY IS QUESTIONABLE  
 D. ACCUSED HAS DIFFICULTY UNDERSTANDING ENGLISH  
 E. ACCUSED HAS REQUESTED COUNSEL SUBSTITUTE  
 F. ACCUSED HAS REQUESTED WITNESS WHO CAN NOT ATTEND THE HEARING  
 G. COMPLEXITY OF CASE WARRANTS COUNSEL SUBSTITUTE

- A. OFFICER'S REPORT CLEARLY DESCRIBES THE INCIDENT IN QUESTION: YES ✓ NO ✓  
 B. CHARGES LISTED WERE REVIEWED WITH REFERENCE TO TDCJ DISCIPLINARY RULES AND PROCEDURES: YES ✓ NO ✓  
 C. OFFENSE DESCRIPTION IN REPORT SUBSTANTIATES EACH OF THE ALLEGED OFFENSES WERE VIOLATED: YES ✓ NO ✓  
 IF NO, EXPLAIN: \_\_\_\_\_

## 1. THE ACCUSED WAS INFORMED OF THE FOLLOWING RIGHTS:

- A. TO CALL AND QUESTION WITNESSES  
 B. TO PRESENT DOCUMENTARY EVIDENCE  
 C. TO BE REPRESENTED BY COUNSEL SUBSTITUTE  
 D. TO CALL AND QUESTION THE CHARGING OFFICER AT THE HEARING  
 E. THE ACCUSED STATES HE/SHE UNDERSTANDS REPORT, CHARGES AND RIGHTS  
 F. THE ACCUSED STATES HE/SHE WISHES TO ATTEND HIS/HER HEARING

## 2. THE ACCUSED REASONS AND/OR DEFENSE:

*He was just fantasizing writing that  
 all of this.*

## A. REQUESTED WITNESSES:

*None*

## B. REQUESTED DOCUMENTARY EVIDENCE:

*None*



CSDSP040  
ML - ML 71T.D.C.J.  
HEARING WORK SHEET2008/11/  
08:07;

CASE#: 20090061530, TDCJ # 00758386, NAME: GOODMAN, ROBBIE DOW SR  
 CURRENT UNIT: ML, HOUSING: 8L23 48 B, CLASS: L2, CUSTODY: 64, TYPE:  
 OFFENSE DATE: 103108, TIME: 09 : 50 AM, LOCATION: ML TBU 8 BUILDING  
 CHARGING OFFICER: MCGOVRAN, K SGT  
 OFFENSE CODES: A) 16 . 0, B) , C) , D) SHIFT/CARD: 1/  
 DESCRIPTORS: A) DC , B) , C) , D) ,  
 PLEA: A) guilty, B) , C) , D) ,  
 FINDING: A) guilty, B) , C) , D) ,  
 DHO: Guantanamo, CS: guilty, C) , D) ,  
 HEARING DATE/TIME: 11/02/08 0830 AM, SERVICE DATE: 11/03/08  
 \*\*\*\*\* WAIVE 24 HRS YES NO , SERVICE TIME: 4:15 PM

## A. ACCUSED OFFENDER'S STATEMENT AT HEARING:

It was fantasy writing for myself and for moon  
else. It didn't go no where. It was bull.

## B. CHARGING OFFICER'S STATEMENT:

Do not interview due to a failure to presi-  
non frivolous evidence.

C. CROSS EXAMINATION/QUESTIONS: now

## D. HEARING NOTES:

Served by DO represented by NS was given an  
opportunity to discuss report and additional information  
prior to hearing.

WITNESSES: noneDOCUMENTARY EVIDENCE: noneE. OBJECTIONS: YES NO IF YES, EXPLAIN: none

## F. SUMMATION/MITIGATION

Consider Honestylenience if found GuiltyOFFENDER GOODMAN, ROBBIE D WOULD YOU LIKE TO SAY ANYTHING ELSE? YES NO

## CS CHECK LIST:

OFFENDER PRESENT YESCS-14 YESINTERPRETER USED YESINTERPRETER'S NAME none

SANCTIONS ASSESSED:

LOSS OF PRIV. YES REPRIMAND YESRECREATION YES EXTRA DUTY YESCOMMISSARY YES CONJ. VISIT YESPROPERTY YES CELL REST YESSPECIAL CELL YESFOR FRIVOLOUS EVIDENCE YESCROSS EXAMINATIONS YESCREDIT (PHD) YESMODIFICATION YESAPPEALABLE YESDRUG TEST DISCLAIMER READ YESSOLITARY YESREMAIN L 3 YESREDUC CLASS FROM 30 TO 30GOOD TIME LOSS 30DAMAGES YES

CS-12

Goodman-409

REVISED 08/2005



Case 3:12-cv-00166 Document 305-1 Filed in TXSD on 09/24/18 Page 13 of 31  
TDCJ DISCIPLINARY REPORT AND HEARING RECORD  
CASE: 20070000832 TDCJNO: 00758386 NAME: GOODMAN, ROBBIE DOW SR  
UNIT: ML HSNB: 8L22 38 T JOB: GARDEN SQ 11  
CLASS: L2 CUST: G4 PRIMARY LANGUAGE: ENGLISH MMR RESTRICTIONS:  
GRADE: MI / AA OFF. DATE: 08/30/08 12:30 PM LOCATION: ML 8 BUILDING  
TYPE: ID

EA: 16  
IQ: 09  
A

### OFFENSE DESCRIPTION

ON THE DATE AND TIME LISTED ABOVE, AND AT 8 BUILDING, L-POD, 1 SECTION, SHOWER #3, OFFENDER: GOODMAN, ROBBIE DOW SR, TDCJ-ID NO. 00758386, WAS IN SHOWER #3 WHEN IN FACT SAID OFFENDER HAD NO AUTHORIZATION TO BE IN SUCH PLACE.

SEP 03 2008

SEP 03 2008

CHARGING OFFICER: APARICIO, G. COV

SHIFT/CARD: 1 B

### OFFENDER NOTIFICATION

TIME & DATE NOTIFIED: 0338 9/4/08 BY: (PRINT) SEP LOPEZ IF APPLICABLE INTERPRETER  
YOU WILL APPEAR BEFORE A HEARING OFFICER 24 HOURS OR MORE AFTER RECEIPT OF THIS  
NOTICE. YOU HAVE THE RIGHT TO SUBMIT A WRITTEN STATEMENT AND MAKE A VERBAL  
STATEMENT. DO YOU WANT TO ATTEND THE HEARING? YES NO IF NO, HOW DO YOU  
PLEAD? GUILTY NOT GUILTY  
OFFENDER NOTIFICATION SIGNATURE: [Signature] DATE: 9/4/08  
BY SIGNING BELOW, YOU GIVE UP YOUR RIGHT TO 24-HOUR NOTICE AND AUTHORIZE THE  
HEARING OFFICER TO PROCEED WITH THE HEARING.  
OFFENDER WAIVER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### HEARING INFORMATION

HEARING DATE: 09-1-08 TIME: 0150 INTERPRETER SIGNATURE: \_\_\_\_\_  
EXPLAIN BELOW IF HEARING WAS NOT HELD WITHIN SEVEN DAYS, EXCLUDING WEEKENDS AND  
HOLIDAYS, AFTER THE OFFENSE DATE: \_\_\_\_\_

OFFENDER STATEMENT: we were advised to shower by officer west

### OFFENSE CODES:

OFFENDER PLEA: (G) NG, NONE)

FINDINGS: (G) NG, DS)

27.0				
6				
6				

### PUNISHMENT

LOSS OF PRIV(DAYS) \_\_\_\_\_

\*RECREATION(DAYS) 15

\*COMMISSARY(DAYS) \_\_\_\_\_

\*PROPERTY(DAYS) \_\_\_\_\_

\* \_\_\_\_\_ (DAYS) \_\_\_\_\_

REPRIMAND \_\_\_\_\_

EXTRA DUTY(HOURS) \_\_\_\_\_

CONT.VISIT SUSP THRU \_\_\_\_/\_\_\_\_/\_\_\_\_

CELL RESTR(DAYS) \_\_\_\_\_

OFFENDER SIGNATURE FOR RECEIPT OF FINAL REPORT [Signature]

HEARING OFFICER (PRINT) Barra K

(FORM I-47MI) CONTACT A STAFF MEMBER IF YOU DO NOT UNDERSTAND THIS FORM  
(REV. 03-02) COMUNIQUESE CON UN MIEMBRO DEL PERSONAL SI NO ENTIENDE ESTA FORMA

Goodman-422

Informal Resolution App?  
 Officer Y ☒  
 Supervisor Y ☒

# TEXAS DEPARTMENT OF CRIMINAL JUSTICE

## OFFENSE REPORT

(1) TDCJ-No. 75B306 (2) Offender Goodman, Robbie Dow (3) Unit ML  
 (4) Housing Assign: 8L-38T (5) Job Assignment: Institutional Lockdown  
 (6) Offense Level, Code Title: Level 2 Code 27.0 out of Place  
 OFFENSE DESCRIPTION: On 8-30-08 at 1230 AM/PM and at BL 2nd Shower #3  
 Offender Goodman, Robbie Dow (7) Date (8) Time  
Was in shower #3 when in fact said offender had no  
authorization to be in such place. (9) Enter Specific Location  
 TDCJ No. 75B306

### (10) Additional Information:

On date and time as stated above I Officer Aparicio was  
 BL Control. Offender Goodman # 75B306 came back from  
 chow and went into Shower #3 and took a shower. They  
 are on lockdown status they had dayroom and shower  
 time at 8 A.M. - 10 A.M. so said offender was out of  
 place. I ID offender thru sight.

Witnesses: N/A

(Continue on additional sheet if necessary)

Accusing Officer/Employee: Printed Name/Rank G. Aparicio COTI

Signature: G. Aparicio

Approving Supervisor's Printed Name: J. Tawson

Signing Official (Print) Ambrn

Shift (Circle One)

IR

UP

(MI)

(23) Justification to over

Goodman-423

(18) Date 8/30/11

(16) Time 1525

## RELIMINARY INVESTIGATION REPORT

This report is to be completed on each Offense Report for review by the grading official. The purpose of this report is to obtain any other pertinent information about the incident prior to grading the Offense Report. The Preliminary investigation should not be completed by the charging officer or a person involved in the incident.

Offender: Goodman Robb TDCJ No. 758386

Date & Time Investigation started: 30 Aug 08 / 1620

1. ELEMENTS OF CHARGE. Does the offense description support the elements of each charge (the things that had to be done in order to commit an offense). If "No," have charging officer add needed information.

Offense Code 27: Yes ☒ No ☐  
Offense Code       : Yes ☐ No ☐

Offense Code       : Yes ☐ No ☐  
Offense Code       : Yes ☐ No ☐

2. ADDITIONAL INFORMATION. Has the charging officer included supporting information or evidence to supplement the standardized pleading such as items listed below? (Write "Yes," "No," or "NA" [not applicable] by each item).

- NA a. listing other witnesses to the incident,  
NA b. documentary evidence, e.g., photographs of contraband, etc.  
NA c. additional information about the offense.

3. ACCUSED OFFENDER states that: (Print interpreter's name if applicable):

No statement

4. ACCUSING OFFICER states that:

O/F WAS IN front out of place

5. WITNESS STATEMENTS (List employee or offender; attach statements to report):

None

6. DOCUMENTATION. Documents reviewed (lay-ins, appointments, medical records, etc.)

☐ Lay-ins, ☐ Roster, ☐ Medical Records, ☐ Picture, ☐ Other (List & attach to report)

None

A. Oct-2  
Name of Investigating Officer (Print)

ST  
Rank

30 Aug 08 / 1622  
Date & Time Investigation Completed

7. INFORMAL RESOLUTION was not appropriate or not possible because:

Nature of offense

J. Tamer  
Approving Supervisor's Printed Name

LT  
Rank

8/30/08  
Date

CSJSP00000000  
MLUNT11.7ML21

DEPARTMENT OF CRIMINAL JUSTICE  
OFFENDER DISCIPLINARY SYSTEM  
OFFENDER CASE GRADING REPORT

2008-09-02  
08.08.5

TDUNO: 00750386 NAME: GOODMAN, ROBBIE DON SR  
CLASS: 12 DSP CUSTODY: 04 UNIT: MI OFFENDER TYPE: ID WORK TIME: 0005 09 01  
RESTRICTIONS:

GOOD TIME: 0010 11 2

REPORT REFLECTS OFFENDER AND CASE INFORMATION AS OF: 2008-09-02 08.08.55

CONVICTIONS FOR LAST 180 DAYS

OFF	HEAR	CASE	CODE	DESCRIPTORS	LVL	REP/SOI	CLASS	TIME	XU/CR	PR/CU
073108	081008	20080329667	24.0			2	MI	0	X	
			27.0	UP						015
051308	052308	20080247130	24.0			2	MI	0	X	
			45.0							005
040708	041408	20080209241	12.0	MI	DP	1	MA	6		
							53L2	00360		045

END OF CONVICTIONS FOR LAST 180 DAYS

PENDING CASES FOR LAST 180 DAYS

OFF	CASE	CODE	DESCRIPTORS	LVL	GRADE	NOTES
083008	20090000822	27.0	UP		2	COMPUTER RECOMMENDED GRADE: MI

END OF PENDING CASES



**AFFIDAVIT**

THE STATE OF TEXAS     §  
                                     §  
COUNTY OF BEE         §

BEFORE ME, the undersigned authority, personally appeared E. Metz, known to me to be a credible person over the age of 18 years, who, being duly sworn by me, did depose and say the following is true and correct.

“My name is E. Metz. I am of sound mind, capable of making this affidavit, and I am authorized to make this affidavit in the capacity herein stated. I am personally acquainted with the facts herein stated.

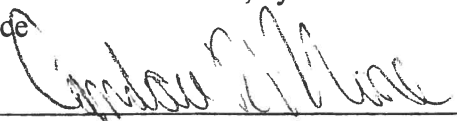
“I am employed as the Inmate Records Supervisor for the Texas Department of Criminal Justice (“TDCJ”), located in Beeville, Texas, and do hereby certify that I am the custodian of records maintained in the regular course of business of the TDCJ.

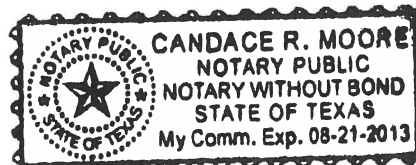
“I have reviewed the request for records you have requested; and hereby certify that the attached copies of documents are true and correct copies of the original records now on file in my custody. I further certify that the records attached hereto are maintained in the usual and regular course of business at the TDCJ. The entries made and/or documents created were created at or about the time of the occurrence, or reasonable soon thereafter, by and employee or representative of TDCJ with knowledge of the act, event, condition, opinion, or diagnosis reflected in the records, and that such records are maintained on each and every offender confined here.

“Attached are copies of the records of offender Davis, Teddy #807688 and offender Goodman, Robbie #758386 described as complete disciplinary files, which were requested.”

  
\_\_\_\_\_  
E. Metz, Affiant

SWORN TO AND SUBSCRIBED BEFORE ME on 10/9/12, by the said E. Metz, to certify which, witness my hand and seal of office

  
\_\_\_\_\_  
Notary Public in and for the State of Texas



UNIT: ML HSNB: 19W 015 JOB: BAKER 3RD  
 CLASS: 53 CUST: 62 PRIMARY LANGUAGE: ENGLISH MHR RESTRICTIONS: NONE  
 CODE: MI / AG OFF. DATE: 06/26/10 01:45 PM LOCATION: ML MISCELLANEOUS  
 TYPE: ID

## OFFENSE DESCRIPTION

ON THE DATE AND TIME LISTED ABOVE, AND AT 19W-15 CELL, OFFENDER: GOODMAN, ROBBIE DOW SR, TDCJ-ID NO. 00758386, DID POSSESS CONTRABAND, NAMELY, ANTENNA, WHICH IS AN ITEM THAT IS NOT ALLOWED OR ASSIGNED TO AN OFFENDER, AND NOT BY OFFENDER FOR HIS USE FROM THE COMMISSARY.

JUN 29 2010

CHARGING OFFICER: CANTU, C. COIV

SHIFT/CARD: 1 B

## OFFENDER NOTIFICATION

TIME/DATE NOTIFIED: 6-29-10 0921 BY: (PRINT) St Bonifacio IF APPLICABLE INTERPRETE  
 YOU WILL APPEAR BEFORE HEARING OFFICER 24 HOURS OR MORE AFTER RECEIPT OF THIS  
 NOTICE. YOU HAVE THE RIGHT TO SUBMIT A WRITTEN STATEMENT AND MAKE A VERBAL  
 STATEMENT. DO YOU WANT TO ATTEND THE HEARING? YES NO IF NO, HOW DO YOU  
 PLEAD? GUILTY NOT GUILTY

OFFENDER NOTIFICATION SIGNATURE: Robbie Dow DATE: 6-29-10  
 BY SIGNING BELOW, YOU GIVE UP YOUR RIGHT TO 24-HOUR NOTICE AND AUTHORIZE THE  
 HEARING OFFICER TO PROCEED WITH THE HEARING  
 OFFENDER WAIVER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## HEARING INFORMATION

HEARING DATE: 7-2-10 TIME: 19:38 INTERPRETER SIGNATURE: \_\_\_\_\_  
 EXPLAIN BELOW IF HEARING WAS NOT HELD WITHIN SEVEN DAYS, EXCLUDING WEEKENDS  
 AND HOLIDAYS, FROM THE OFFENSE DATE: \_\_\_\_\_

OFFENDER STATEMENT: I had the antenna up, but the Officer did not tell us to take them down.

## OFFENSE CODES

OFFENDER PLEA: NG NG. NONE) 14.0  
 FINDINGS: NG NG. DS)

## PUNISHMENT

LOSS OF PRIV(DAYS) \_\_\_\_\_ REPRIMAND Verbal  
 \*RECREATION(DAYS) \_\_\_\_\_ EXTRA DUTY(HOURS) \_\_\_\_\_  
 \*COMMISSARY(DAYS) \_\_\_\_\_ CONT. VISIT SUSP THRU \_\_\_\_\_  
 \*PROPERTY(DAYS) \_\_\_\_\_ CELL RESTR(DAYS) \_\_\_\_\_  
 \* \_\_\_\_\_ (DAYS) \_\_\_\_\_

OFFENDER SIGNATURE FOR RECEIPT OF FINAL REPORT.

HEARING OFFICER (PRINT)

WALLEN

(FORM I-47MI) CONTACT A STAFF MEMBER IF YOU DO NOT UNDERSTAND THIS FORM  
 (REV. 04-10) COMMUNIQUESE CON Goodman-399 PERSONAL SI NO ENTENDE ESTE FORM

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

Case No. \_\_\_\_\_

MHMR Rest? Y ☒ N ☐PHD Y ☒ N ☐Informal Resolution App? ☒Officer Y ☒ N ☐Supervisor Y ☒ N ☐

## OFFENSE REPORT

(1) TDCJ-No. 758386 (2) Offender Goodman, Robbie Dero (3) Unit ml(4) Housing Assign: 1910-015 (5) Job Assignment: 415 Baker 3rd(6) Offense Level, Code Title: Level 2 Code 1610 Possessionof Contraband.OFFENSE DESCRIPTION: On 06/26/10 at 1345 AM/PM and at 1910-15 cell

(7) Date (8) Time (9) Enter Specific Location

Offender Goodman, Robbie Dero TDCJ No. 758386

did possess contraband namely, antenna  
on wheel which is not allowed or assigned  
to an offender. And not by the offender  
for his use - from the commissary.

(10) Additional Information: On the date and time listed

above and at 19 Building 40-Dorm  
15 cell offender Robbie Goodman TDCJ#  
758386 had his antenna placed on the  
cell hanging from his cubical in  
an unauthorized fashion.

(Continue on additional sheet if necessary)

(11) Witnesses: None(12) Accusing Officer/Employee: Printed Name/Rank C. L. Linder(13) Signature: [Signature] (14) Shift/Card 10 (15) Date 6-27-10 (16) Time 1400(17) Approving Supervisor's Printed Name: S. P. [Signature] (18) Date 6-27-10(19) Grading Official (Print) A. Linder (20) Rank major (21) Date 6/28/10(22) Grade: (Circle One) IR ☒ UP ☐ MA ☐ (23) Justification to override Informal Resolution: \_\_\_\_\_



## PRELIMINARY INVESTIGATION REPORT

This report is to be completed on each Offense Report for review by the grading official. The purpose of this report is to obtain any other pertinent information about the incident prior to grading the Offense Report. The Preliminary investigation should not be completed by the charging officer or a person involved in the incident.

Offender: Goodman, Robbie TDCJ No. 758386

Date & Time Investigation started: 26 June 10/1429

1. ELEMENTS OF CHARGE. Does the offense description support the elements of each charge (the things that had to be done in order to commit an offense). If "No," have charging officer add needed information.

Offense Code 1C: Yes ☒ No ☐ Offense Code \_\_\_\_\_: Yes ☐ No ☐  
Offense Code \_\_\_\_\_: Yes ☐ No ☐ Offense Code \_\_\_\_\_: Yes ☐ No ☐

2. ADDITIONAL INFORMATION. Has the charging officer included supporting information or evidence to supplement the standardized pleading such as items listed below? (Write "Yes," "No," or "NA" [not applicable] by each item).

No a. listing other witnesses to the incident.  
No b. documentary evidence, e.g., photographs of contraband, etc.  
Yes c. additional information about the offense.

3. ACCUSED OFFENDER states that: (Print interpreter's name if applicable):

"I Had my Antenna up I was in the house listening to Radio"

4. ACCUSING OFFICER states that: O/F did possess Contraband

5. WITNESS STATEMENTS (List employee or offender; attach statements to report):

None

6. DOCUMENTATION. Documents reviewed (lay-ins, appointments, medical records, etc.)

☐ Lay-ins, ☐ Roster, ☐ Medical Records, ☐ Picture, ☐ Other (List & attach to report)

None

A. Ortiz

Name of Investigating Officer (Print)

ST

26 June 10/1431

Date & Time Investigation Completed

7. INFORMAL RESOLUTION was not appropriate or not possible because:

no possession of Contraband will not be tolerated

3 Phyzas

Approving Supervisor's Printed Name

LT

Rank

6-27-10

Date



LPE8084 /ML71

TELETYPE DEPARTMENT OF CRIMINAL JUSTICE  
OFFENDER DISCIPLINARY SYSTEM  
OFFENDER CASE GRADING REPORT

2010-06-28  
09:57.53

TECNO: 00758386 NAME: GOODMAN, ROBBIE DON SR GOOD TIME: 0011 10 1  
CLASS: S3 CUSTODY: G2 UNIT: ML OFFENDER TYPE: ID WORK TIME: 0006 07 2  
RESTRICTIONS:

\*\*\*\*\*  
REPORT REFLECTS OFFENDER AND CASE INFORMATION AS OF: 2010-06-28 09:57.53  
\*\*\*\*\*

NO CONVICTIONS ON FILE FOR LAST 180 DAYS

PENDING CASES FOR LAST 180 DAYS

OFF	CASE	CODE	DESCRIPTOR	LV	GRADE	NOTES
062610	20100306602	16.0	NC	2		COMPUTER RECOMMENDED GRADE: M

END OF PENDING CASES

CHARGING OFFICER MCGOURAN, M. 561

TIME & DATE NOTIFIED: 11-5 DEFENDER NOTIFICATION SHEET: CARD: 1-A  
YOU WILL APPEAR BEFORE A HEARING OFFICER 24 HOURS OR MORE AFTER RECEIPT OF THE  
NOTICE. DO YOU WANT TO ATTEND THE HEARING? YES NO IF NO, HOW DO YOU  
PLEAD? GUILTY NOT GUILTY  
DEFENDER NOTIFICATION SIGNATURE: [Signature] DATE: 11-2-0  
BY SIGNING BELOW, YOU GIVE UP YOUR RIGHT TO 24 HOUR NOTICE AND AUTHORIZE THE  
HEARING OFFICER TO PROCEED WITH THE HEARING  
OFFENDER WAIVER SIGNATURE: [Signature]

HEARING DATE: 10/6/08 TIME: 10:30 AM TAPE# 6107A SIDE# A START# 353 END# 89  
COUNSEL SUBSTITUTE AT HEARING: YES TAPE# START# END#  
EXPLAIN BELOW BY NUMBER: (1) IF COUNSEL SUBSTITUTE WAS NOT PRESENT DURING PART  
HEARING, (2) IF ACCUSED OFFENDER WAS CONFINED IN PRE-HEARING DETENTION MORE THAN  
72 HOURS PRIOR TO HEARING, (3) IF ACCUSED WAS EXCLUDED FROM ANY PART OF THE  
EVIDENCE STAGE, (4) IF ANY WITNESSES OR (5) DOCUMENTATION WAS EXCLUDED FROM  
HEARING (6) IF OFFENDER WAS DENIED CONFRONTATION AND/OR CROSS EXAMINATION OF A  
WITNESS AT THE HEARING (7) IF HEARING WAS NOT HELD WITHIN SEVEN DAYS, EXCLUDING  
WEEK ENDS AND HOLIDAYS, FROM THE OFFENSE DATE AND, (8) IF THE REASON IS:  
(SIGNATURE) *Not in front of writing*

DEFENSE COUNSEL: *No substantial evidence against myself*  
 DEFENDER PLEASE: *1600*  
 FINDINGS: *1600*  
 REDUCED TO MINOR CRIMES OF BURGLARY, THEFT, AND RECEIVING  
 IN AID OF FUGITIVE. TO DEFEND THE SAME, I REQUESTED AND OBTAINED  
 COUNSEL OF ASSISTANCE FROM THE DISTRICT ATTORNEY, AND REQUESTED  
 EXPLAIN IN DETAIL. *A. J. Jones report*  
*W. J. Jones*

LOSS OF PRIVACY  
RECREATION DAYS  
ACCOMMODATION DAYS  
SPECIAL DAYS  
A. ...  
B. ...  
C. ...  
D. ...  
E. ...  
F. ...  
G. ...  
H. ...  
I. ...  
J. ...  
K. ...  
L. ...  
M. ...  
N. ...  
O. ...  
P. ...  
Q. ...  
R. ...  
S. ...  
T. ...  
U. ...  
V. ...  
W. ...  
X. ...  
Y. ...  
Z. ...  
AA. ...  
AB. ...  
AC. ...  
AD. ...  
AE. ...  
AF. ...  
AG. ...  
AH. ...  
AI. ...  
AJ. ...  
AK. ...  
AL. ...  
AM. ...  
AN. ...  
AO. ...  
AP. ...  
AQ. ...  
AR. ...  
AS. ...  
AT. ...  
AU. ...  
AV. ...  
AW. ...  
AX. ...  
AY. ...  
AZ. ...  
BA. ...  
BB. ...  
BC. ...  
BD. ...  
BE. ...  
BF. ...  
BG. ...  
BH. ...  
BI. ...  
BJ. ...  
BK. ...  
BL. ...  
BM. ...  
BN. ...  
BO. ...  
BP. ...  
BQ. ...  
BR. ...  
BS. ...  
BT. ...  
BU. ...  
BV. ...  
BW. ...  
BX. ...  
BY. ...  
BZ. ...  
CA. ...  
CB. ...  
CC. ...  
CD. ...  
CE. ...  
CF. ...  
CG. ...  
CH. ...  
CI. ...  
CJ. ...  
CK. ...  
CL. ...  
CM. ...  
CN. ...  
CO. ...  
CP. ...  
CQ. ...  
CR. ...  
CS. ...  
CT. ...  
CU. ...  
CV. ...  
CW. ...  
CX. ...  
CY. ...  
CZ. ...  
DA. ...  
DB. ...  
DC. ...  
DD. ...  
DE. ...  
DF. ...  
DG. ...  
DH. ...  
DI. ...  
DJ. ...  
DK. ...  
DL. ...  
DM. ...  
DN. ...  
DO. ...  
DP. ...  
DQ. ...  
DR. ...  
DS. ...  
DT. ...  
DU. ...  
DV. ...  
DW. ...  
DX. ...  
DY. ...  
DZ. ...  
EA. ...  
EB. ...  
EC. ...  
ED. ...  
EE. ...  
EF. ...  
EG. ...  
EH. ...  
EI. ...  
EJ. ...  
EK. ...  
EL. ...  
EM. ...  
EN. ...  
EO. ...  
EP. ...  
EQ. ...  
ER. ...  
ES. ...  
ET. ...  
EU. ...  
EV. ...  
EW. ...  
EX. ...  
EY. ...  
EZ. ...  
FA. ...  
FB. ...  
FC. ...  
FD. ...  
FE. ...  
FF. ...  
FG. ...  
FH. ...  
FI. ...  
FJ. ...  
FK. ...  
FL. ...  
FM. ...  
FN. ...  
FO. ...  
FP. ...  
FQ. ...  
FR. ...  
FS. ...  
FT. ...  
FU. ...  
FV. ...  
FW. ...  
FX. ...  
FY. ...  
FZ. ...  
GA. ...  
GB. ...  
GC. ...  
GD. ...  
GE. ...  
GF. ...  
GG. ...  
GH. ...  
GI. ...  
GJ. ...  
GK. ...  
GL. ...  
GM. ...  
GN. ...  
GO. ...  
GP. ...  
GQ. ...  
GR. ...  
GS. ...  
GT. ...  
GU. ...  
GV. ...  
GW. ...  
GX. ...  
GY. ...  
GZ. ...  
HA. ...  
HB. ...  
HC. ...  
HD. ...  
HE. ...  
HF. ...  
HG. ...  
HH. ...  
HI. ...  
HJ. ...  
HK. ...  
HL. ...  
HM. ...  
HN. ...  
HO. ...  
HP. ...  
HQ. ...  
HR. ...  
HS. ...  
HT. ...  
HU. ...  
HV. ...  
HW. ...  
HX. ...  
HY. ...  
HZ. ...  
IA. ...  
IB. ...  
IC. ...  
ID. ...  
IE. ...  
IF. ...  
IG. ...  
IH. ...  
II. ...  
IJ. ...  
IK. ...  
IL. ...  
IM. ...  
IN. ...  
IO. ...  
IP. ...  
IQ. ...  
IR. ...  
IS. ...  
IT. ...  
IU. ...  
IV. ...  
IW. ...  
IX. ...  
IY. ...  
IZ. ...  
JA. ...  
JB. ...  
JC. ...  
JD. ...  
JE. ...  
JF. ...  
JG. ...  
JH. ...  
JI. ...  
JJ. ...  
JK. ...  
JL. ...  
JM. ...  
JN. ...  
JO. ...  
JP. ...  
JQ. ...  
JR. ...  
JS. ...  
JT. ...  
JU. ...  
JV. ...  
JW. ...  
JX. ...  
JY. ...  
JZ. ...  
KA. ...  
KB. ...  
KC. ...  
KD. ...  
KE. ...  
KF. ...  
KG. ...  
KH. ...  
KI. ...  
KJ. ...  
KK. ...  
KL. ...  
KM. ...  
KN. ...  
KO. ...  
KP. ...  
KQ. ...  
KR. ...  
KS. ...  
KT. ...  
KU. ...  
KV. ...  
KW. ...  
KX. ...  
KY. ...  
KZ. ...  
LA. ...  
LB. ...  
LC. ...  
LD. ...  
LE. ...  
LF. ...  
LG. ...  
LH. ...  
LI. ...  
LJ. ...  
LK. ...  
LL. ...  
LM. ...  
LN. ...  
LO. ...  
LP. ...  
LQ. ...  
LR. ...  
LS. ...  
LT. ...  
LU. ...  
LV. ...  
LW. ...  
LX. ...  
LY. ...  
LZ. ...  
MA. ...  
MB. ...  
MC. ...  
MD. ...  
ME. ...  
MF. ...  
MG. ...  
MH. ...  
MI. ...  
MJ. ...  
MK. ...  
ML. ...  
MM. ...  
MN. ...  
MO. ...  
MP. ...  
MQ. ...  
MR. ...  
MS. ...  
MT. ...  
MU. ...  
MV. ...  
MW. ...  
MX. ...  
MY. ...  
MZ. ...  
NA. ...  
NB. ...  
NC. ...  
ND. ...  
NE. ...  
NF. ...  
NG. ...  
NH. ...  
NI. ...  
NJ. ...  
NK. ...  
NL. ...  
NM. ...  
NN. ...  
NO. ...  
NP. ...  
NQ. ...  
NR. ...  
NS. ...  
NT. ...  
NU. ...  
NV. ...  
NW. ...  
NX. ...  
NY. ...  
NZ. ...  
OA. ...  
OB. ...  
OC. ...  
OD. ...  
OE. ...  
OF. ...  
OG. ...  
OH. ...  
OI. ...  
OJ. ...  
OK. ...  
OL. ...  
OM. ...  
ON. ...  
OO. ...  
OP. ...  
OQ. ...  
OR. ...  
OS. ...  
OT. ...  
OU. ...  
OV. ...  
OW. ...  
OX. ...  
OY. ...  
OZ. ...  
PA. ...  
PB. ...  
PC. ...  
PD. ...  
PE. ...  
PF. ...  
PG. ...  
PH. ...  
PI. ...  
PJ. ...  
PK. ...  
PL. ...  
PM. ...  
PN. ...  
PO. ...  
PP. ...  
PQ. ...  
PR. ...  
PS. ...  
PT. ...  
PU. ...  
PV. ...  
PW. ...  
PX. ...  
PY. ...  
PZ. ...  
QA. ...  
QB. ...  
QC. ...  
QD. ...  
QE. ...  
QF. ...  
QG. ...  
QH. ...  
QI. ...  
QJ. ...  
QK. ...  
QL. ...  
QM. ...  
QN. ...  
QO. ...  
QP. ...  
QQ. ...  
QR. ...  
QS. ...  
QT. ...  
QU. ...  
QV. ...  
QW. ...  
QX. ...  
QY. ...  
QZ. ...  
RA. ...  
RB. ...  
RC. ...  
RD. ...  
RE. ...  
RF. ...  
RG. ...  
RH. ...  
RI. ...  
RJ. ...  
RK. ...  
RL. ...  
RM. ...  
RN. ...  
RO. ...  
RP. ...  
RQ. ...  
RR. ...  
RS. ...  
RT. ...  
RU. ...  
RV. ...  
RW. ...  
RX. ...  
RY. ...  
RZ. ...  
SA. ...  
SB. ...  
SC. ...  
SD. ...  
SE. ...  
SF. ...  
SG. ...  
SH. ...  
SI. ...  
SJ. ...  
SK. ...  
SL. ...  
SM. ...  
SN. ...  
SO. ...  
SP. ...  
SQ. ...  
SR. ...  
SS. ...  
ST. ...  
SU. ...  
SV. ...  
SW. ...  
SX. ...  
SY. ...  
SZ. ...  
TA. ...  
TB. ...  
TC. ...  
TD. ...  
TE. ...  
TF. ...  
TG. ...  
TH. ...  
TI. ...  
TJ. ...  
TK. ...  
TL. ...  
TM. ...  
TN. ...  
TO. ...  
TP. ...  
TQ. ...  
TR. ...  
TS. ...  
TT. ...  
TU. ...  
TV. ...  
TW. ...  
TX. ...  
TY. ...  
TZ. ...  
UA. ...  
UB. ...  
UC. ...  
UD. ...  
UE. ...  
UF. ...  
UG. ...  
UH. ...  
UI. ...  
UJ. ...  
UK. ...  
UL. ...  
UM. ...  
UN. ...  
UO. ...  
UP. ...  
UQ. ...  
UR. ...  
US. ...  
UT. ...  
UU. ...  
UV. ...  
UW. ...  
UX. ...  
UY. ...  
UZ. ...  
VA. ...  
VB. ...  
VC. ...  
VD. ...  
VE. ...  
VF. ...  
VG. ...  
VH. ...  
VI. ...  
VJ. ...  
VK. ...  
VL. ...  
VM. ...  
VN. ...  
VO. ...  
VP. ...  
VQ. ...  
VR. ...  
VS. ...  
VT. ...  
VU. ...  
VV. ...  
VW. ...  
VX. ...  
VY. ...  
VZ. ...  
WA. ...  
WB. ...  
WC. ...  
WD. ...  
WE. ...  
WF. ...  
WG. ...  
WH. ...  
WI. ...  
WJ. ...  
WK. ...  
WL. ...  
WM. ...  
WN. ...  
WO. ...  
WP. ...  
WQ. ...  
WR. ...  
WS. ...  
WT. ...  
WU. ...  
WV. ...  
WW. ...  
WX. ...  
WY. ...  
WZ. ...  
XA. ...  
XB. ...  
XC. ...  
XD. ...  
XE. ...  
XF. ...  
XG. ...  
XH. ...  
XI. ...  
XJ. ...  
XK. ...  
XL. ...  
XM. ...  
XN. ...  
XO. ...  
XP. ...  
XQ. ...  
XR. ...  
XS. ...  
XT. ...  
XU. ...  
XV. ...  
XW. ...  
XX. ...  
XY. ...  
XZ. ...  
YA. ...  
YB. ...  
YC. ...  
YD. ...  
YE. ...  
YF. ...  
YG. ...  
YH. ...  
YI. ...  
YJ. ...  
YK. ...  
YL. ...  
YM. ...

TO Promote Positive Change

Goodman-403

Informal Resolution App?

Officer

Y

Supervisor

Y

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

## OFFENSE REPORT

Case No. 20090061531MHMR Rest? Y ☒ NPHD Y ☒ N(1) TDCJ-No. 758386

(2) Offender

Goodman Robbie(3) Unit McConnell(4) Housing Assign: 8L486

(5) Job Assignment:

1/5 med squad(6) Offense Level, Code Title: Level 2 Code 16 Possession of Contraband

## OFFENSE DESCRIPTION:

On 10-31-08at 0950

(7) Date

(8) Time

AM/PM, and at

Shldg recreation yard

(9) Enter Specific Location

Offender

Goodman RobbieTDCJ No. 758386did possess contraband, namely child pornography.

## (10) Additional Information:

On 10-31-08 at approx 0950 while inspecting offender property during lockdown observed that offender Goodman Robbie had in his personal property typed literature containing graphic detail of young children having sex. Offender claimed ownership of the typed literature and signed a confiscation slip for the contraband.

(Continue on additional sheet if necessary)

(11) Witnesses: na(12) Accusing Officer/Employee: Printed Name/Rank McGowan M.(13) Signature: McGowan M.(14) Shift/Card 1A(15) Date 10-31-08(16) Time 1000(17) Approving Supervisor's Printed Name: Capt. B. Brown(18) Date 11-1-08(19) Grading Official (Print) Ambriz(20) Rank MA(21) Date 11-3-08(22) Grade: (Circle One) IR UP MI MA

(23) Justification to override Informal Resolution:

**PRELIMINARY INVESTIGATION REPORT**

This report is to be completed on each Offense Report for review by the grading official. The purpose of this report is to obtain any other pertinent information about the incident prior to grading the Offense Report. The Preliminary investigation should not be completed by the charging officer or a person involved in the incident.

Offender: Goodman, Robbie TDCJ No. 758386  
 Date & Time Investigation started: 10-31-08 1228

1. **ELEMENTS OF CHARGE.** Does the offense description support the elements of each charge (the things that had to be done in order to commit an offense). If "No," have charging officer add needed information.

Offense Code 16.0: Yes [ ] No [ ]      Offense Code \_\_\_\_\_: Yes [ ] No [ ]  
 Offense Code \_\_\_\_\_: Yes [ ] No [ ]      Offense Code \_\_\_\_\_: Yes [ ] No [ ]

2. **ADDITIONAL INFORMATION.** Has the charging officer included supporting information or evidence to supplement the standardized pleading such as items listed below? (Write "Yes," "No," or "NA" [not applicable] by each item).

- no a. listing other witnesses to the incident,  
no b. documentary evidence, e.g., photographs of contraband, etc.  
yes c. additional information about the offense.

3. **ACCUSED OFFENDER** states that: (Print interpreter's name if applicable):

"It's mine"

4. **ACCUSING OFFICER** states that: \_\_\_\_\_

did possess contraband, namely child porn literature

5. **WITNESS STATEMENTS** (List employee or offender; attach statements to report): \_\_\_\_\_

none

6. **DOCUMENTATION.** Documents reviewed (lay-ins, appointments, medical records, etc.)

☐ Lay-ins, ☐ Roster, ☐ Medical Records, ☐ Picture, ☐ Other (List & attach to report)

none

I. Peralta  
 Name of Investigating Officer (Print)

Sgt.  
 Rank

10-31-08 1230  
 Date & Time Investigation Completed

7. **INFORMAL RESOLUTION** was not appropriate or not possible because:

This type of conduct will not be tolerated

B. Brown  
 Approving Supervisor's Printed Name

[Signature]  
 Rank

11-1-08  
 Date



CSDSP028/CDSP04  
LWY4787 /ML10TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
OFFENDER DISCIPLINARY SYSTEM  
OFFENDER CASE GRADING REPORT2008-11-06  
07.09.4IDCND: 00758386 NAME: GOODMAN,ROBBIE DOW SR  
CLASS: L2 DSP CUSTODY: 64 UNIT: ML OFFENDER TYPE: ID WORK TIME: 0011 00 1  
RESTRICTIONS: GOOD TIME: 0005 10 0\*\*\*\*\*  
REPORT REFLECTS OFFENDER AND CASE INFORMATION AS OF: 2008-11-03 07.09.43  
\*\*\*\*\*

## CONVICTIONS FOR LAST 180 DAYS

OFF	HEAR	CASE	CODE	DESCRIPTOR	LV	GRD	REP	SOL	CLAS	TIME	XII	CR	PR	CU
083008	090708	20090000822	27.0	UP										
073108	081008	20080329667	24.0			2	MI	G						015
			27.0	UP		2	MI	G	X					015
051308	052208	20080247130	24.0			2	MI	G	X					005
			45.0											

## END OF CONVICTIONS FOR LAST 180 DAYS

\*\*\*\*\*  
PENDING CASES FOR LAST 180 DAYS

OFF	CASE	CODE	DESCRIPTOR	LV	GRADE	NOTES
103108	20090061530	16.0	DC		2	COMPUTER RECOMMENDED GRADE: MA

END OF PENDING CASES

CSIDSP010

ML - ML 71

I.D.C. J.

## SERVICE INVESTIGATION WORK SHEET

2008/11

08:07

CASE#: 20090061530, IDUJ # 00/58386, NAME: GOODMAN, ROBBIE DOU SR

3. THE ACCUSED REASONS AND/OR DEFENSES HAVE BEEN LOGICALLY AND SYSTEMATICALLY INVESTIGATED AS FOLLOWS:

A. REVIEWED CASE

B. INTERVIEWED ACCUSED

C. NAME OF INTERPRETER USED:

None

D. Does not need Bayan Clearance

CONCLUDE INVESTIGATION

CS-1 DB

4. ON \_\_\_\_\_, THE ACCUSED OFFENDER PRESENTED NON-FRIVOLOUS EVIDENCE, THE CHARGING OFFICER/STAFF WITNESS WAS PRESENTED WITH A SUMMARY OF THE ACCUSED STATEMENT, ADDITIONAL STATEMENT IS AS FOLLOWS:

N/A

5. LIST THE PORTIONS OF THE INVESTIGATION THAT APPEAR TO SUPPORT THE CHARGES MADE AGAINST THE ACCUSED:

Report

6. LIST THE PORTIONS OF THE INVESTIGATION THAT APPEAR TO SUPPORT THE ACCUSED REASONS, AND/OR DEFENSES:

None

COUNSEL SUBSTITUTE PRINTED NAME:

COUNSEL SUBSTITUTE SIGNATURE:

CS-10.11B

TITLE:

DATE:

REVISED 08/2005

Goodman-407

CSDSP040  
ML -- ML71T.D.C.J.  
SERVICE INVESTIGATION WORK SHEET2008/11  
08:07

CASE#: 20090061530, TDCJ # 00758386, NAME: GOODMAN, ROBBIE DOW SR  
 CURRENT UNIT: ML, HOUSING: 8L23 48 B, CLASS: L2, CUSTODY: G4, TYPE:  
 OFFENSE DATE: 103108, TIME: 09:50 AM, LOCATION: ML 1BU 8 BUILDING  
 CHARGING OFFICER: MCGOVAN, M SGT  
 OFFENSE CODES: A) 16, 0, B) , C) , D) ,  
 DESCRIPTORS: A) DC, B) , C) , D) ,  
 PLEA: A) , B) , C) , D) ,  
 CLERK RCVD: 110308, SERVICE DATE: 113008, SERVICE TIME: 11/02/08  
 CS ASSIGNED: Bryant, D. CS-1

COUNSEL SUBSTITUTE HAS BEEN APPOINTED BECAUSE:

- A. ACCUSED IN ANY FORM OF SEGREGATION 11/02  
 B. EA BELOW 5.0 IQ BELOW 73  
 C. LITERACY IS QUESTIONABLE  
 D. ACCUSED HAS DIFFICULTY UNDERSTANDING ENGLISH  
 E. ACCUSED HAS REQUESTED COUNSEL SUBSTITUTE  
 F. ACCUSED HAS REQUESTED WITNESS WHO CAN NOT ATTEND THE HEARING  
 G. COMPLEXITY OF CASE WARRANTS COUNSEL SUBSTITUTE

- A. OFFICER'S REPORT CLEARLY DESCRIBES THE INCIDENT IN QUESTION: YES ✓ NO ✓  
 B. CHARGES LISTED WERE REVIEWED WITH REFERENCE TO TDCJ DISCIPLINARY RULES AND PROCEDURES: YES ✓ NO ✓  
 C. OFFENSE DESCRIPTION IN REPORT SUBSTANTIATES EACH OF THE ALLEGED OFFENSES WERE VIOLATED: YES ✓ NO ✓  
 IF NO, EXPLAIN: \_\_\_\_\_

1. THE ACCUSED WAS INFORMED OF THE FOLLOWING RIGHTS:  
 A. TO CALL AND QUESTION WITNESSES YES ✓  
 B. TO PRESENT DOCUMENTARY EVIDENCE YES ✓  
 C. TO BE REPRESENTED BY COUNSEL SUBSTITUTE YES ✓  
 D. TO CALL AND QUESTION THE CHARGING OFFICER AT THE HEARING YES ✓  
 E. THE ACCUSED STATES HE/SHE UNDERSTANDS REPORT, CHARGES AND RIGHTS YES ✓  
 F. THE ACCUSED STATES HE/SHE WISHES TO ATTEND HIS/HER HEARING YES ✓  
 2. THE ACCUSED REASONS AND/OR DEFENSE: \_\_\_\_\_

*He was just fantasizing that  
all of this was.*

A. REQUESTED WITNESSES:

*None*

B. REQUESTED DOCUMENTARY EVIDENCE:

*None*



CSDSP040  
ML - ML 71T.D.C.J.  
HEARING WORK SHEET2008/11/  
08:07:

CASE#: 20090061530, TDCJ # 00758386, NAME: GOODMAN, ROBBIE DOW SR  
 CURRENT UNIT: ML, HOUSING: 8L23 48 B, CLASS: L2, CUSTODY: 64, TYPE:  
 OFFENSE DATE: 103108, TIME: 09 : 50 AM, LOCATION: ML TBU 8 BUILDING  
 CHARGING OFFICER: MCGOVRAN, K SGT  
 OFFENSE CODES: A) 16 . 0, B) , C) , D) SHIFT/CARD: 1/  
 DESCRIPTORS: A) DC , B) , C) , D) ,  
 PLEA: A) guilty, B) , C) , D) ,  
 FINDING: A) guilty, B) , C) , D) ,  
 DHO: Quintana, CS: guilty,  
 HEARING DATE/TIME: 11/02/08 0830 AM, SERVICE DATE: 11/03/08  
 \*\*\*\*\* WAIVE 24 HRS YES NO , SERVICE TIME: 4:15 PM

## A. ACCUSED OFFENDER'S STATEMENT AT HEARING:

It was fantasy writing for myself and for moon  
else. It didn't go no where. It was bull.

## B. CHARGING OFFICER'S STATEMENT:

No not interviewed due to a failure to presi-  
non frivolous evidence.

C. CROSS EXAMINATION/QUESTIONS: now

## D. HEARING NOTES:

Served by DO represented by NS was given an  
opportunity to discuss report and additional information  
prior to hearing.

WITNESSES: noneDOCUMENTARY EVIDENCE: noneE. OBJECTIONS: YES NO IF YES, EXPLAIN: none

## F. SUMMATION/MITIGATION

Consider Honesty  
lenience if found Guilty

OFFENDER GOODMAN, ROBBIE D WOULD YOU LIKE TO SAY ANYTHING ELSE? YES NO

## CS CHECK LIST:

OFFENDER PRESENT YESCS-14 YESINTERPRETER USED YESINTERPRETER'S NAME none

SANCTIONS ASSESSED:

LOSS OF PRIV. YES REPRIMAND YESRECREATION YES EXTRA DUTY YESCOMMISSARY YES CONJ. VISIT YESPROPERTY YES CELL REST YESSPECIAL CELL YESFOR FRIVOLOUS EVIDENCE YESCROSS EXAMINATIONS YESCREDIT (PHD) YESMODIFICATION YESAPPEALABLE YESDRUG TEST DISCLAIMER READ YESSOLITARY YESREMAIN L 3 YESREDUC CLASS FROM YESGOOD TIME LOSS 30DAMAGES YES

CS-12

Goodman-409

REVISED 08/2005



Case 3:12-cv-00166 Document 305-1 Filed in TXSD on 09/24/18 Page 29 of 31  
TDCJ DISCIPLINARY REPORT AND HEARING RECORD  
CASE: 20070000832 TDCJNO: 00758386 NAME: GOODMAN, ROBBIE DOW SR  
UNIT: ML HSNB: 8L22 38 T JOB: GARDEN SQ 11  
CLASS: L2 CUST: G4 PRIMARY LANGUAGE: ENGLISH MMR RESTRICTIONS:  
GRADE: MI / AA OFF. DATE: 08/30/08 12:30 PM LOCATION: ML 8 BUILDING  
TYPE: ID EA: 10 IQ: 05

### OFFENSE DESCRIPTION

ON THE DATE AND TIME LISTED ABOVE, AND AT 8 BUILDING, L-POD, 1 SECTION, SHOWER #3, OFFENDER: GOODMAN, ROBBIE DOW SR, TDCJ-ID NO. 00758386, WAS IN SHOWER #3 WHEN IN FACT SAID OFFENDER HAD NO AUTHORIZATION TO BE IN SUCH PLACE.

SEP 03 2008

SEP 03 2008

CHARGING OFFICER: APARICIO, G. COV

SHIFT/CARD: 1 B

### OFFENDER NOTIFICATION

TIME & DATE NOTIFIED: 0338 9/4/08 BY: (PRINT) SEP LOPEZ IF APPLICABLE INTERPRETER  
YOU WILL APPEAR BEFORE A HEARING OFFICER 24 HOURS OR MORE AFTER RECEIPT OF THIS  
NOTICE. YOU HAVE THE RIGHT TO SUBMIT A WRITTEN STATEMENT AND MAKE A VERBAL  
STATEMENT. DO YOU WANT TO ATTEND THE HEARING? YES NO IF NO, HOW DO YOU  
PLEAD? GUILTY NOT GUILTY  
OFFENDER NOTIFICATION SIGNATURE: [Signature] DATE: 9/4/08  
BY SIGNING BELOW, YOU GIVE UP YOUR RIGHT TO 24-HOUR NOTICE AND AUTHORIZE THE  
HEARING OFFICER TO PROCEED WITH THE HEARING.  
OFFENDER WAIVER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### HEARING INFORMATION

HEARING DATE: 09-1-08 TIME: 0150 INTERPRETER SIGNATURE: \_\_\_\_\_  
EXPLAIN BELOW IF HEARING WAS NOT HELD WITHIN SEVEN DAYS, EXCLUDING WEEKENDS AND  
HOLIDAYS, AFTER THE OFFENSE DATE: \_\_\_\_\_

OFFENDER STATEMENT: we were advised to shower by officer

OFFENSE CODES:  
OFFENDER PLEA: (G) NG, NONE)  
FINDINGS: (G) NG, DS)

27.0				
6				
6				

### PUNISHMENT

LOSS OF PRIV(DAYS) \_\_\_\_\_ REPRIMAND \_\_\_\_\_  
\*RECREATION(DAYS) 15 EXTRA DUTY(HOURS) \_\_\_\_\_  
\*COMMISSARY(DAYS) \_\_\_\_\_ CONT.VISIT SUSP THRU \_\_\_\_/\_\_\_\_/\_\_\_\_  
\*PROPERTY(DAYS) \_\_\_\_\_ CELL RESTR(DAYS) \_\_\_\_\_  
\* \_\_\_\_\_ (DAYS) \_\_\_\_\_

OFFENDER SIGNATURE FOR RECEIPT OF FINAL REPORT [Signature]

HEARING OFFICER (PRINT) [Signature]

(FORM I-47MI) CONTACT A STAFF MEMBER IF YOU DO NOT UNDERSTAND THIS FORM  
(REV. 03-02) COMUNIQUESE CON UN MIEMBRO DEL PERSONAL SI NO ENTIENDE ESTA FORMA

Goodman-422

Informal Resolution App?	
Officer	Y
Supervisor	Y

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
OFFENSE REPORT

20090  
Case No. \_\_\_\_\_  
MHMR Rest. PHD

(1) TDCJ-No. 75B306 (2) Offender Goodman, Robbie Dow (3) Unit ML  
(4) Housing Assign: 8L-38T (5) Job Assignment: Institutional Lockdown  
(6) Offense Level, Code Title: Level 2 Code 27.0 out of Place

OFFENSE DESCRIPTION: On 8-30-08 at 1230 AM/PM and at BL 2nd Shower #3  
Offender Goodman, Robbie Dow (7) Date (8) Time  
Was in shower #3 when in fact said offender had no  
authorization to be in such place. (9) Enter Specific Location  
TDCJ No. 75B306

(10) Additional Information:

On date and time as stated above I Officer Aparicio was  
BL Control. Offender Goodman # 75B306 came back from  
chow and went into Shower #3 and took a shower. They  
are on lockdown status they had dayroom and shower  
time at 8 A.M. - 10 A.M. so said offender was out of  
place. I ID offender thru sight.

Witnesses: N/A

(Continue on additional sheet if necessary)

Accusing Officer/Employee: Printed Name/Rank G. Aparicio COT

Signature: G. Aparicio (14) Shift/Card 134P (15) Date 8-30-08

Approving Supervisor's Printed Name: Ambr

Sig. Official (Print)

IR UP

(198)

(23) Justification to over

Goodman-423

(18) Date

(16) Time

1525

## RELIMINARY INVESTIGATION REPORT

This report is to be completed on each Offense Report for review by the grading official. The purpose of this report is to obtain any other pertinent information about the incident prior to grading the Offense Report. The Preliminary investigation should not be completed by the charging officer or a person involved in the incident.

Offender: Goodman Robb R TDCJ No. 758386

Date & Time Investigation started: 30 Aug 08 / 1620

1. ELEMENTS OF CHARGE. Does the offense description support the elements of each charge (the things that had to be done in order to commit an offense). If "No," have charging officer add needed information.

Offense Code 27: Yes ☒ No ☐  
Offense Code       : Yes ☐ No ☐

Offense Code       : Yes ☐ No ☐  
Offense Code       : Yes ☐ No ☐

2. ADDITIONAL INFORMATION. Has the charging officer included supporting information or evidence to supplement the standardized pleading such as items listed below? (Write "Yes," "No," or "NA" [not applicable] by each item).

- NA a. listing other witnesses to the incident,  
NA b. documentary evidence, e.g., photographs of contraband, etc.  
NA c. additional information about the offense.

3. ACCUSED OFFENDER states that: (Print interpreter's name if applicable):

No statement

4. ACCUSING OFFICER states that:

O/F WAS IN front out of place

5. WITNESS STATEMENTS (List employee or offender; attach statements to report):

None

6. DOCUMENTATION. Documents reviewed (lay-ins, appointments, medical records, etc.)

☐ Lay-ins, ☐ Roster, ☐ Medical Records, ☐ Picture, ☐ Other (List & attach to report)

None

A. Oct-2  
Name of Investigating Officer (Print)

ST  
Rank

30 Aug 08 / 1622  
Date & Time Investigation Completed

7. INFORMAL RESOLUTION was not appropriate or not possible because:

Nature of offense

J. Tamer  
Approving Supervisor's Printed Name

LT  
Rank

8/30/08  
Date